

DEPARTMENT OF SOCIAL SERVICES
744 P Street, Sacramento, CA 95814



June 23, 1988

ALL-COUNTY LETTER NO. 88-69

TO: ALL COUNTY WELFARE DIRECTORS
ALL COUNTY AUDITORS
ALL COUNTY FISCAL OFFICERS
ALL COUNTY ADMINISTRATIVE OFFICERS

SUBJECT: ASSISTANCE CLAIMING INSTRUCTIONS FOR THE AID TO
FAMILIES WITH DEPENDENT CHILDREN - FAMILY GROUP AND
UNEMPLOYED (AFDC-FG/U) PROGRAMS EFFECTIVE JULY 1, 1988

REFERENCE: ALL-COUNTY INFORMATION NOTICE (ACIN) NO. I-30-87 AND
ALL-COUNTY LETTER (ACL) NO. 87-126

The purpose of this ACL is to provide further claiming instructions and clarifications for the revised AFDC claiming system, effective July 1, 1988. The information is presented in a question and answer format. In addition, attached are sample copies and instructions of the forms to be used when submitting the claims for July 1988.

CLAIMING OF OVERPAYMENT RECOVERIES

Question #1:

How should Counties treat dual overpayments (e.g., overpayments which occurred on both Federal and State AFDC) when the case is no longer receiving aid?

Answer:

In dual overpayment situations where the case is no longer receiving aid, Counties are to recover the overpayment that occurred on Federal AFDC through cash recovery before attempting to recover the State-Only overpayment.

Question #2:

How should Counties treat dual overpayments when a case is currently on aid?

Answer:

Counties are to recover the overpayment through grant adjustment first for the program in which the case is currently being aided.

Question #3:

Does the new procedure for claiming cash recoveries (e.g., the combining of abatements and repayments) apply to all assistance programs?

Answer:

Yes. However, the claim forms for AFDC - Foster Care (FC), Emergency Assistance - Unemployed (EA-UP), EA-FC, Refugee Demonstration Project (RDP), etc., will not be revised at this time. When the forms are revised, the term "recoveries of aid" will be adopted on the various forms.

Question #4:

What are the claiming instructions when a State-Only grant is adjusted to recover an overpayment which occurred on a Federal program?

Answer:

For claiming purposes, it will be necessary to reimburse the Federal AFDC Program with 100 percent of the recovered amount. To accomplish this, it will be necessary to claim the amount of the grant adjustment as a current month adjustment (positive) on Line 5 of the State-Only CA 800 as if it had been paid. Pertinent case information (e.g., case name, number, recovered amount, etc.) must accompany the State-Only CA 800 to document the transaction. The same amount must then be reclaimed on the Federal CA 800, Line 11, Recoveries of Aid. This step accomplishes the proper 50 percent Federal, 44.6 percent State and 5.4 percent County participating shares in the recovered amount. The case number, name and recovered amount must also be reflected on the Federal Integrated Recoveries of Aid Payroll or reported on a separate Recoveries of Aid (ABCD 801) contra roll.

Counties are also permitted to pursue a cash recovery rather than grant adjusting in this situation.

The policies for grant adjusting in this situation are currently under review.

Question #5:

What are the claiming instructions when a Federal grant is adjusted to recover an overpayment which occurred on a State-Only Program?

Answer:

Similar to the answer to Question #4, Counties will be required to claim the grant adjustment amount as a current month adjustment (positive) on Line 5 of the Federal CA 800. The same amount would then be reclaimed on the State-Only CA 800, Line 8, Recoveries of Aid. This accomplishes the proper 89.2 percent State and 10.8 percent County participating shares in the credit. In addition, the supporting payroll/contra roll with documenting case information (as described in #4) must accompany these types of adjustments. Counties may also pursue cash recoveries in this instance.

The policies for grant adjusting in this situation are currently under review.

Question #6:

How should Counties claim a technical overpayment for a Federal assistance unit (AU) where the entire AU was ineligible for Federal AFDC?

Answer:

The persons count and dollar amount must be deleted from the Federal CA 800 as a prior month negative adjustment in this situation. The persons count and dollar amount must then be reclaimed on the State-Only CA 800 as a prior month positive adjustment.

Question #7:

How should Counties claim a technical overpayment for a Federal AU where only part of the AU was ineligible for Federal AFDC?

Answer:

The persons count and dollar amount must be adjusted as a prior month negative adjustment on Line 12 of the Federal CA 800. On the same CA 800, the persons count and dollar amount must then be reclaimed as a prior month positive adjustment with State and County Funds Only (Lines 17 and 18).

CLAIMING OF GRANT PAYMENTS TO MIXED CASESQuestion #8:

In ACL No. 87-126, Section 3, page 5 contains conflicting information regarding payments to mixed cases. The section first states, "Counties will continue to issue one warrant," then later

states, "Counties may issue two warrants." Please clarify this inconsistency.

Answer:

Counties have the option of issuing one or two warrants for mixed cases. The statement that Counties will continue to issue one warrant is incorrect; the sentence should have stated, "Counties may continue to issue one warrant."

Question #9:

How should Counties claim a case which becomes a mixed case during the month (e.g., a Federal person is added to a State-Only AU mid-month, or vice versa)?

Answer:

The Counties have three options for claiming such a case. The following options assume an example where a Federal person has been added to a State-Only case. If the situation were reversed, opposite claiming would occur.

Option #1: If the County can issue payments under the same case number but with different aid codes in the same month, claim the person count and payment to the Federal person on the Federal CA 800.

Option #2: If Option #1 is not possible, claim the person count and payment to the Federal person on the State-Only CA 800 as a current month supplemental, Line 2. Then, in the same month, adjust the person count and payment to the Federal person on the State-Only CA 800 as a current month negative adjustment, Line 5, and reclaim it as a current month positive adjustment on Line 5 of the Federal CA 800.

Option #3: If the County cannot accomplish Option #1 or Option #2, claim the person count and payment to the Federal person as State-Only, but in a subsequent month, claim a prior month positive adjustment on the Federal CA 800 and a prior month negative adjustment on the State-Only CA 800 for the person count and payment to the Federal person.

MISCELLANEOUS

Question #10:

How should a case be claimed which is eligible as State-Only AFDC for part of the month, and Federal AFDC for the remainder of the month or vice versa?

Answer:

Similar to the response for claiming a mixed case, the County has three options.

Option #1: Two separate payments with two separate aid codes may be issued for a case which is eligible for both State-Only AFDC and Federal AFDC in the same month.

Option #2: Claim the entire case on the State-Only CA 800 as a current month supplemental, Line 2. In the same month, adjust the portion which is eligible for Federal AFDC as a current month negative adjustment on Line 5 of the State-Only CA 800. Then reclaim that portion as a current month adjustment on Line 5 of the Federal CA 800.

Option #3: If the entire amount was claimed as State-Only AFDC (without the concurrent adjustments described in Option #2), claim the amount which was eligible for Federal AFDC on the State-Only CA 800 as a prior month negative adjustment, in a subsequent month, and reclaim it on the Federal CA 800 as a prior month positive adjustment.

A similar procedure may be utilized for EA-UP to Federal or State-Only AFDC.

Question #11:

Is it necessary for Counties to claim persons count only adjustments which correspond to payments claimed prior to July 1, 1988?

Answer:

Persons count adjustments which correspond to payments claimed prior to July 1, 1988 and reflect only the addition or deletion of persons count within the same aid code (not a conversion from one program to another or a switch between Federal or State-Only) must be made on an amended CA 800 for the original month when the Federal person count ratio would be affected by the adjustment.

Person count only adjustments which reflect a switch between aid codes (e.g., AFDC-FG to AFDC-U) and/or between Federal and State-Only (e.g., State-Only AFDC-FG to Federal AFDC-FG) will be claimed on the current claim by showing a prior month negative adjustment of persons count and dollars on the first program, with a corresponding prior month positive adjustment of persons count and dollars on the second program.

For example, when it is discovered that a pregnant woman in her last trimester with no other children continued to be claimed as a State-Only AFDC-FG person instead of a Federal AFDC-FG person, the current month's CA 800 for Aid Code 32 would show a negative person count and dollars on Line 9 (Prior Month Negative Adjustments). The current month's CA 800 for Aid Code 30 would show a positive person count and dollars on Line 17 (Prior Month Positive Adjustments). If the improper claiming for the mother continued after the baby was born, the dollar amount to be adjusted would be computed according to the instructions in ACL No. 87-126 for mixed cases.

Counties must continue to ensure that adjustments meet the 18 month claiming limitation for Federal and State reimbursement.

Question #12:

Is it necessary for Counties to claim persons count only adjustments for payments claimed on or after July 1, 1988?

Answer:

For fiscal claiming purposes, persons count only adjustments for payments claimed on or after July 1, 1988 are not necessary nor are they desired.

Question #13:

How should Counties claim homeless assistance and immediate need payments to applicants beginning July 1, 1988, which are subsequently ineligible for Federal AFDC?

Answer:

Because Federal financial participation (FFP) is not claimable for such payments, it will be necessary for Counties to adjust the Federal CA 800 to reflect a prior month negative adjustment on Line 12. The payment must then be reclaimed on the State-Only CA 800, Line 11, prior month positive adjustment.

Question #14:

Will Counties be required to continue submitting the Reconciliation Statement (ABCD 820) with the Federal and State-Only CA 800s?

Answer:

No. However, for internal purposes, those Counties which had not been granted a waiver for submitting the ABCD 820 should continue

to complete the ABCD 820 to document that the aid claim includes only amounts authorized to be paid.

FORMS

The following forms must be used when submitting the claims for July 1988. Sample copies and instructions are attached. An initial supply will be sent to you under separate cover.

Form CA 800 Federal: Summary Report of Assistance Expenditures - AFDC.

Form CA 800 State-Only: Summary Report of Assistance Expenditures - AFDC - State-Only.

Form DFA 844: Office of Refugee Resettlement Funds for Time Eligible Refugees/Entrants.

Not all of the revisions on these forms will be utilized at the present time, (e.g., lines for amounts payable with State funds only and amounts payable with Federal and State funds only). We have developed generic forms in order to avoid frequent costly revisions.

Please note that although the revised DFA 844 is designed to capture the claiming of both Federal and State-Only time eligible refugees/entrants, through the use of identifying check blocks, separate DFA 844s must be completed for each program, and must accompany the corresponding CA 800s.

Also, the mechanism which identified hardship supplemental payments for time eligible refugees/entrants in months 19 through 24 has been deleted from the DFA 844. Therefore, Counties are no longer required to track this cost for reporting on this form.

If you have any questions, please call Ms. Stephanie Davis, Fiscal Policy and Procedures Bureau, at (916) 323-0267 or ATSS 473-0267.



ROBERT L. GARCIA
Deputy Director
Administration

Attachments

cc: CWDA

**SUMMARY REPORT
OF ASSISTANCE EXPENDITURES
AID TO FAMILIES WITH
DEPENDENT CHILDREN STATE-ONLY**

(INSTRUCTIONS ON REVERSE SIDE OF FORM)

☐ FAMILY GROUP (FG)☐ UNEMPLOYED (U)FOR STATE USE ☐ DSS ☐ COUNTY WELFARE ☐ COUNTY AUDITOR

COUNTY	DATE (MONTH/YEAR)
CLAIM CONTACT PERSON	TELEPHONE

A. STATE-ONLY PERSONS COUNTS		B. TOTAL AID	SOURCE DOCUMENTS
ADULTS	CHILDREN		<u>CURRENT MONTH</u>
			1. Main Payroll
			2. Current Month Supplemental Payroll
()	()	()	3. Current Month Cancellation
			4. Prior Month Supplemental Payroll
			5. Current Month Adjustments
			6. Subtotal
			<u>PRIOR MONTH NEGATIVES</u>
()	()	()	7. Prior Month Cancellation
()	()	()	8. Recoveries of Aid
()	()	()	9. Prior Month Negative Adjustments
()	()	()	10. Subtotal
			<u>PRIOR MONTH POSITIVES</u>
			11. Prior Month Positive Adjustments
			12. DSS Office Audit Corrections (for State Use only)
			13. Total
			14. Total State-Only Persons Col A, (Ad + Ch)
			15. No. of Assistance Units Represented by 14A
			16. Amount Payable with State Funds Only
			17. 15A x \$2.00
			18. 16A + 17A
			B TOTAL LINE 13B.
			C. STATE (13B - 18A) x .892 + 18A
			D. COUNTY 13B - 19C
			19. GRAND TOTAL
			20.
			21.
			(For County's Use) Ad Ch
			22.
			23.

I hereby certify under penalty of perjury that I am the official responsible for the administration of Aid to Families with Dependent Children in and for aforesaid county; that I have not violated any of the provisions of Sections 1090 to 1096, inclusive, of the Government Code; that the aid payments, aid repayments and adjustments reflected herein have been made in accordance with all provision of the Welfare and Institutions Code and the rules and regulations of the Department of Social Services.

I hereby certify, under penalty of perjury, that I am the officer in aforesaid county responsible for the examination and settlement of accounts; that I have not violated any of the provisions of Sections 1090 to 1096, inclusive, of the Government Code; that the amounts claimed herein are in accordance with authorization for Aid to Families with Dependent Children made by the county; that said amounts correctly reflect State and County Shares in the aid payments claimed and that warrants therefore have been issued, according to law and the rules and regulations of the Department of Social Services.

SIGNATURE OF COUNTY WELFARE DIRECTOR

DATE

SIGNATURE OF COUNTY AUDITOR OR CONTROLLER

DATE

INSTRUCTION OR USE OF FORM CA 800 (STATE ONLY) (FG and U)

1. Enter county name, and month and year of claim, in space provided.
2. Enter name and telephone number of county staff person to be contacted if there are any questions regarding the claim.

CURRENT MONTH

3. Complete Lines 1 through 5 in accordance with the amounts shown on the integrated payroll summary. (For non-integrated payrolls, enter the grand totals shown for each payroll or contra roll.) All money amounts on this form may be rounded to the nearest dollar. Note that adjustments for the current month only are to be entered in Line 5.
4. Line 6 – Enter the subtotals of Lines 1 through 5.

PRIOR MONTH NEGATIVES

5. Complete Line 7 in accordance with amounts shown on the integrated payroll summary. (For nonintegrated payrolls, enter the grand totals shown for each contra roll.)
6. Line 8 – Enter the total of all cash recovered for aid paid in this month or for aid paid in a prior month. This includes cash previously identified as abatements or as repayments of overpayments.
7. Line 9 – Enter the totals of all negative adjustments which decrease money amounts only or persons counts and money amounts which were claimed as current action on the Summary Report for a prior month, or should have been claimed as current action on the Summary Report for a prior month.
8. Line 10 – Enter the subtotals of 7, 8 and 9.

PRIOR MONTH POSITIVES

9. Complete Line 11 in accordance with amounts shown on the separate listing for prior month positive adjustments which were or should have been claimed on the Summary Report for a prior month.
10. Enter the totals of Line 6 plus Line 10 plus Line 11 in Line 13.
11. Line 14A – Add Column A (total state-only persons).
12. Line 15A – Enter the total state-only Assistance Units (AUs).
13. Line 16A – Determine the total amount payable with state funds only; i.e., there is no county participation. This is used for state mandated payments where there is no county participation.
14. Line 17A – Multiply 15A (total state-only AUs) by \$2.00 (the state share of the \$2.00 grant increase effective June 1, 1973 for state-only AUs).
15. Line 18A – Add Lines 16A and 17A. This step determines the grand total of special amounts payable with state funds only.

COMPUTE GRAND TOTALS, STATE AND COUNTY SHARES AS FOLLOWS:

16. Line 19B – Enter the total shown in Line 13B. This will determine the grand total.
17. Line 19C – From Line 13B subtract 18A. The difference is multiplied by .892. Add Line 18A to the result. This will determine the grand total amount payable with state funds.
18. Line 19D – From Line 13B subtract Line 19C. This will determine the county share of the total aid paid.
19. Lines 20 and 21 – Reserved for the application of adjustments made by the state (State Field Audit Exceptions, etc.).
20. Lines 22B and D and 23A, B, C, D – Included at county request and use is optional. If adjustments are reported which affect total aid paid, this space may be used for reconciling total expenditures as reported by the welfare department with the county auditor's record of expenditures.

FEDERAL

SUMMARY REPORT
OF ASSISTANCE EXPENDITURES
AID TO FAMILIES WITH
DEPENDENT CHILDREN☐ FAMILY GROUP (FG)☐ UNEMPLOYED (U)FOR STATE USE ☐ DSS ☐ COUNTY WELFARE ☐ COUNTY AUDITOR

COUNTY	DATE (MONTH/YEAR)
CLAIM CONTACT PERSON	TELEPHONE

(INSTRUCTIONS ON REVERSE SIDE OF FORM)

A. Federal Persons		B. State-only Persons		C. Total Aid	SOURCE DOCUMENTS
Adults	Children	Adults	Children		
					Current Month
					1. Main Payroll
					2. Current Month Supplemental Payroll
					3. Current Month Cancellation
					4. Prior Month Supplemental Payroll
					5. Current Month Adjustments
					6. Subtotal
					7. Amount Payable with State and County Funds Only
					8. Amount Payable with State Funds Only
					9. 7A + 8A
					Prior Month Negatives
					10. Prior Month Cancellation
					11. Recoveries of Aid
					12. Prior Month Negative Adjustments
					13. Subtotal
					14. Amount Payable with State and County Funds Only
					15. Amount Payable with State Funds Only
					16. 14A + 15A
					Prior Month Positives
					17. Prior Month Positive Adjustments
					18. Amount Payable with State and County Funds Only
					19. Amount Payable with State Funds Only
					20. 18A + 19A
					21. Total (Lines 6 + 13 + 17)
					22. Total Federal Persons Col A (Ad + Ch)
					23. Numbers of Assistance Units Represented by 22A
					24. Amount Payable with State & County Funds Only (7A + 14A + 18A)
					25. Amount Payable with State Funds Only (8A + 15A + 19A)
					26. Amount Payable with Federal and County Funds Only
					27. Amount Payable with Federal and State Funds Only

C. D. Federal 22D + 23D + 24D E. State 21C - (25A + 26A + 27A + 24D + 25E) x .852 F. County 21C - (27E + 28D) + 28E

28.				
29.	GRAND TOTALS	\$ (Line 21C)	\$ (LINE 28D)	\$ (Line 27E + 28E)
30.	(FOR STATE USE)			
31.				
32.	(FOR COUNTY USE)			
33.	A CH			

I hereby certify under penalty of perjury that I am the official responsible for the administration of Aid to Families with Dependent Children in and for aforesaid county; that I have not violated any of the provisions of Sections 1090 to 1096, inclusive, of the Government Code; that the aid payments, aid repayments and adjustments reflected herein have been made in accordance with all provisions of the Welfare and Institutions Code and the rules and regulations of the Department of Social Services.

I hereby certify, under penalty of perjury, that I am the officer in aforesaid county responsible for the examination and settlement of accounts; that I have not violated any of the provisions of Sections 1090 to 1096, inclusive, of the Government Code; that the amounts claimed herein are in accordance with authorizations for Aid to Families with Dependent Children made by the county; that said amounts correctly reflect Federal, State and County Shares in the aid payments claimed and that warrants therefore have been issued, according to law and the rules and regulations of the Department of Social Services.

SIGNATURE OF COUNTY WELFARE DIRECTOR

DATE

SIGNATURE OF COUNTY OR AUDITOR CONTROLLER

DATE

INSTRUCTIONS FOR USE OF FORM CA 800 (FEDERAL) (FG and U)

1. Enter county name, and month and year of claim, in spaces provided.
2. Enter name and telephone number of county staff person to be contacted if there are any questions regarding the claim.

CURRENT MONTH

3. Complete Lines 1 through 5 in accordance with the amounts shown on the integrated payroll summary (for nonintegrated payrolls, enter the grand totals shown for each payroll.) All money amounts on this form may be rounded to the nearest dollar. Note that adjustments for the current month only are to be entered in Line 5.
4. Enter the subtotals of Lines 1 through 5.
5. Line 7A — Determine the total amount of payments included in Line 6c which are payable with state and county funds only, i.e., Reduced Income Supplemental Payment (RISP).
6. Line 8A — Determine the total amount payable with state funds only; i.e., there is no federal or county participation in these payments. This is used for state mandated payments, but no federal participation is claimable.
7. Line 9A — Add 7A and 8A.
8. Line 7D — Subtract 9A from 6C, then multiply by .5 to determine 50 percent federal share of aid paid under regular funding.

PRIOR MONTH NEGATIVES

9. Complete Line 10 in accordance with amounts shown on the integrated payroll summary. (For nonintegrated payrolls, enter the grand totals shown for each contra-roll.)
10. Line 11 — Enter the total of all cash recovered for aid paid in this month or for aid paid in a prior month. This includes cash previously identified as abatements or as repayments of overpayments.
11. Line 12 — Enter the totals of all negative adjustments which decrease money amounts only or persons counts and money amounts which were claimed as current action on the Summary Report for a prior month, or should have been claimed as current action on the Summary Report for a prior month.
12. Line 13 — Enter the subtotals of 10, 11 and 12.
13. Line 14A — Determine the total amount of payments included in Line 13C which are payable with state and county funds only.
14. Line 15A — Determine the total amount payable with state funds; i.e., there is no federal or county participation in these payments.
15. Line 16A — Add 14A and 15A.
16. Line 14D — Subtract 16A from 13C, then multiply by .5 to determine 50 percent federal share of aid paid under regular funding.

PRIOR MONTH POSITIVES

17. Complete Line 17 in accordance with amounts shown on the separate listing for prior month positive adjustments which were or should have been claimed on the Summary Report for a prior month.
18. Line 18A — Determine the total amount of prior month adjustments included in Line 17C payable with state and county funds only.
19. Line 19A — Determine the total amount payable with state funds; i.e., there is no federal or county participation in these payments.
20. Line 20A — Add 18A and 19A.
21. Line 18D — Subtract 20A from 17C, then multiply by .5 to determine 50 percent federal share of aid paid under regular funding.
22. Enter the totals of Line 6 + Line 13 + Line 17 in Line 21.
23. Line 22A — Add Column A (total federal persons).
24. Line 23A — Enter the total federal Assistance Units (AUs).
25. Line 24A — Add Lines 7A, 14A and 18A.
26. Line 25A — Add lines 8A, 15A and 19A.
27. Line 26A — Determine the total amount payable with federal and county funds; i.e., no state participation is claimable. As an example, immediate need payments made to AUs for which eligibility was not verified within 15 working days.
28. Line 27A — Determine the total amount payable with federal and state funds; i.e., no county participation is required. This is used for state mandated payments for which federal participation is claimable.

FEDERAL SHARES ARE COMPUTED AS FOLLOWS:

29. Line 22D — Multiply 26A by .5 to determine 50 percent federal share of these payments.
30. Line 23D — Multiply 27A by .5 to determine 50 percent federal share of these payments.
31. Line 24D — Add Lines 7D, 14D and 18D, then subtract Lines 22D and 23D from the sum. This determines 50 percent federal share of aid paid under regular funding.

STATE SHARES ARE COMPUTED AS FOLLOWS:

32. Line 25E — Multiply 23A (total federal AUs) by \$1.00 (the state share of the \$2.00 grant increase effective June 1, 1973 for federal AUs).
33. Line 26E — Multiply 27A by .5 to determine the state share of amount payable with federal and state funds only.
34. Line 27E — Add Lines 25E, 26E and 25A. This step determines the grand total of special amounts payable with state funds only.

COMPUTE TOTAL FEDERAL, STATE AND COUNTY SHARES AS FOLLOWS:

35. Line 28D — Add 22D plus 23D plus 24D. This will determine the total amount payable with federal funds.
36. Line 28E — From 21C (total aid paid) subtract 25A, 26A and 27A (amounts with special funding), 24D (the federal share of payments made on the regular basis of 50 percent federal, 44.6 percent state and 5.4 percent county) and 25E (amount in which there is no county participation). The difference multiplied by .892 is the amount of aid payable with state funds.
37. Line 28F — From 21C (total aid paid) subtract total federal and state participation as computed in 27E, 28D and 28E. This will determine the county share of the total aid paid.
38. Line 29C, D, E and F — Enter grand totals.
39. Lines 30 and 31 — Reserved for the application of adjustments made by the state (Federal and/or State Field Audit Exceptions, etc.).
40. Line 32C and F and 33B, C, D, E, F — Included at county request and use is optional. If adjustments are reported in Lines 5, 12 or 17 which affect total aid paid, this space may be used for reconciling total expenditures as reported by the welfare department with the county auditor's record of expenditures.

ORR FUNDS FOR AFDC TIME ELIGIBLE REFUGEES/ENTRANTS

(☒) CHECK ONE:☐ FEDERAL☐ STATE-ONLY

(INSTRUCTIONS ON REVERSE SIDE OF FORM)

COUNTY:	DATE (MONTH/YEAR)
<input type="checkbox"/> FAMILY GROUP (FG)	<input type="checkbox"/> UNEMPLOYED (U)

REFUGEE RESETTLEMENT PROGRAM RECIPIENTS (FEDERAL)	EXPENDITURES	PERSONS COUNT
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1. Expenditures reported on the time eligible payroll which were made on behalf of Federally eligible persons.

A.
\$

B. Federal

2. Nonfederal share of amount in Item 1 (1A x .5)

\$

3. Expenditures reported on the time eligible payroll which were made on behalf of State-Only persons.

\$

B. State-Only

4. Total nonfederal share of AFDC expenditures (Item 2A + 3A)

\$

B. Total
(1B + 3B)C. Time Eligible
Refugee Count

5. Time Eligible ratio (5C + 5B)

6. ORR funds claimable for time eligible refugee/entrant recipients. (Item 5 x 4A)

\$

7. State share of ORR funds claimable (Item 6 x .892).

\$

8. County share of ORR funds claimable. (Item 6 minus Item 7)

\$

REFUGEE RESETTLEMENT PROGRAM RECIPIENTS (STATE-ONLY)	EXPENDITURES	PERSONS COUNT
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1. Expenditures reported on the time eligible payroll which were made on behalf of State-Only assistance units.

A.
\$

B. State-Only

C. Time Eligible
Refugee Count

2. Time eligible ratio (1C + 1B)

3. ORR funds claimable for time eligible refugee/entrant recipients (Item 2 x 1A)

\$

4. State share of ORR funds claimable. (Item 3 x .892)

\$

5. County share of ORR funds claimable. (Item 3 minus Item 4)

\$

CERTIFICATION

This is to certify that the above information is correct to the best of my knowledge and belief; and that payment for these expenditures has not been received. Records and accounts in support of this claim are available for review and audit.

SIGNATURE OF AGENCY OFFICIAL

TITLE

DATE

INSTRUCTIONS FOR USE OF FORM DFA 844

Enter the county name, month and year of the claim in the space provided.

Complete the following items in accordance with data for all federal AFDC assistance units which include one or more time eligible refugee/entrant as summarized on the federal AFDC-FG/U time eligible payroll.

1. In Line 1A enter the total federal expenditures, and in 1B enter the federal persons count from the time eligible payroll.
2. In Line 2 enter the nonfederal share of expenditures shown in Line 1 (Line 1 multiplied by .5).
3. In Line 3A enter the total State-Only expenditures, and in 3B enter the State-Only persons count from the time eligible payroll.
4. Determine the total nonfederal share by adding 2A and 3A. Enter the amount in Line 4.
5. In 5B enter the total persons count shown in 1B and 3B. In 5C enter the time eligible persons count. Determine the time eligible ratio by dividing the time eligible persons count by total persons count. Enter the ratio in the space provided in Line 5.
6. Enter the additional federal funds claimable for time eligible refugee/entrant recipients in Line 6: Multiply the nonfederal share of AFDC expenditures (Item 4) by the ratio shown in Item 5.
7. Compute the state share of additional federal funds claimable by multiplying Line 6 by .892. Enter the amount in Line 7.
8. Enter the county share of the additional federal funds claimable in Line 8: (Line 6 minus Line 7).

CLAIMING FOR TIME ELIGIBLE REFUGEES/ENTRANTS ON THE FEDERAL AFDC PROGRAM MUST NOT BE COMBINED ON THE SAME DFA 844 FOR CLAIMING TIME ELIGIBLE REFUGEES/ENTRANTS ON THE STATE-ONLY AFDC PROGRAM.

Complete the following items in accordance with data for all State-Only AFDC assistance units which include one or more time eligible refugee/entrant as summarized on the State-Only AFDC-FG/U time eligible payroll.

1. In Line 1A enter the total State-Only expenditures; in 1B enter the State-Only persons count; and in 1C enter the time eligible persons count.
2. Determine the time eligible ratio by dividing 1C by 1B. Enter the ratio in the space provided in Line 2.
3. Enter the additional federal funds claimable for time eligible refugee/entrant recipients in Line 3: Multiply the nonfederal share of AFDC expenditures (Item 1) by the ratio shown in Item 2.
4. Compute the state share of additional federal funds claimable by multiplying Line 3 by .892. Enter the amount in Line 4.
5. Enter the county share of the additional federal funds claimable in Line 5: (Line 3 minus Line 4).